

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		2				
4		2				
5		2		16		
6		2		6		
7		2				
8		2		9		
9		2				
10		2		38		
11		2				
12		2		19		
13		2				
14	1			81		
15	1					
16		2				
17		2				
18		2				
19		2				
20		2		9		
21		4				
22		4				
23		4				
24	1					
25	1					
26	1					
27		3				
28		3				
29		3				
30		3				
31		3				
32		2				
33		3				
34		3				
35		3				
36		3				
37		3				
38		3				
39		3				
40		3				
41		2				
42		2				
43		2				
44		3		35		
45	1					
46	1					
47		1				
48		1				
49	2					
50	2	14				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	1					
52		1				
53		1				
54		3				
55		3		8		
56		3		8		
57						
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100						

TOTAL IND. 8  
TOTAL DEP. 29  
TOTAL CLAIMS 37